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Re: U.S. Patent Serial Number 10/615,091
For: AUTOMATIC TRAFFIC SIGN RECOGNITION
By: Oyvind STROMME
Filed: July 7, 2003
Examiner: T. To
Art Unit: 3663
Our Reference: 426882007500

ATTACHED DOCUMENTS:

1. Transmittal (1 page);
2. Fee(s) Transmittal (PTOL-85) (in duplicate - 2 pages) and
3. Amendment under 37 C.F.R. §1.312 (3 pages).

COMMENTS:

Please see attached. Thank you.



PTO/SB/21 (05-03)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/615,091	
	Filing Date	July 7, 2003	
	First Named Inventor	Oyvind STORMME	
	Art Unit	3663	
	Examiner Name	T. To	
Total Number of Pages in This Submission	6	Attorney Docket Number	426882007500

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement w/ Form PTO 1449 (4 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input checked="" type="checkbox"/> After Allowance Communication to Group (Amendment Under 37 CFR 1.312 - 3 pages) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTOL-85 (in duplicate - 2 pages)
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Robert E. Scheid - Reg. No. 42,126
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